

OPTIMIZING PRIOR AUTHORIZATION WORKFLOWS IN OUTPATIENT CLINICS: A COMPREHENSIVE APPROACH

Society of Pediatric Nurses 35th Annual Conference 2025 - Imagine The Possibilities

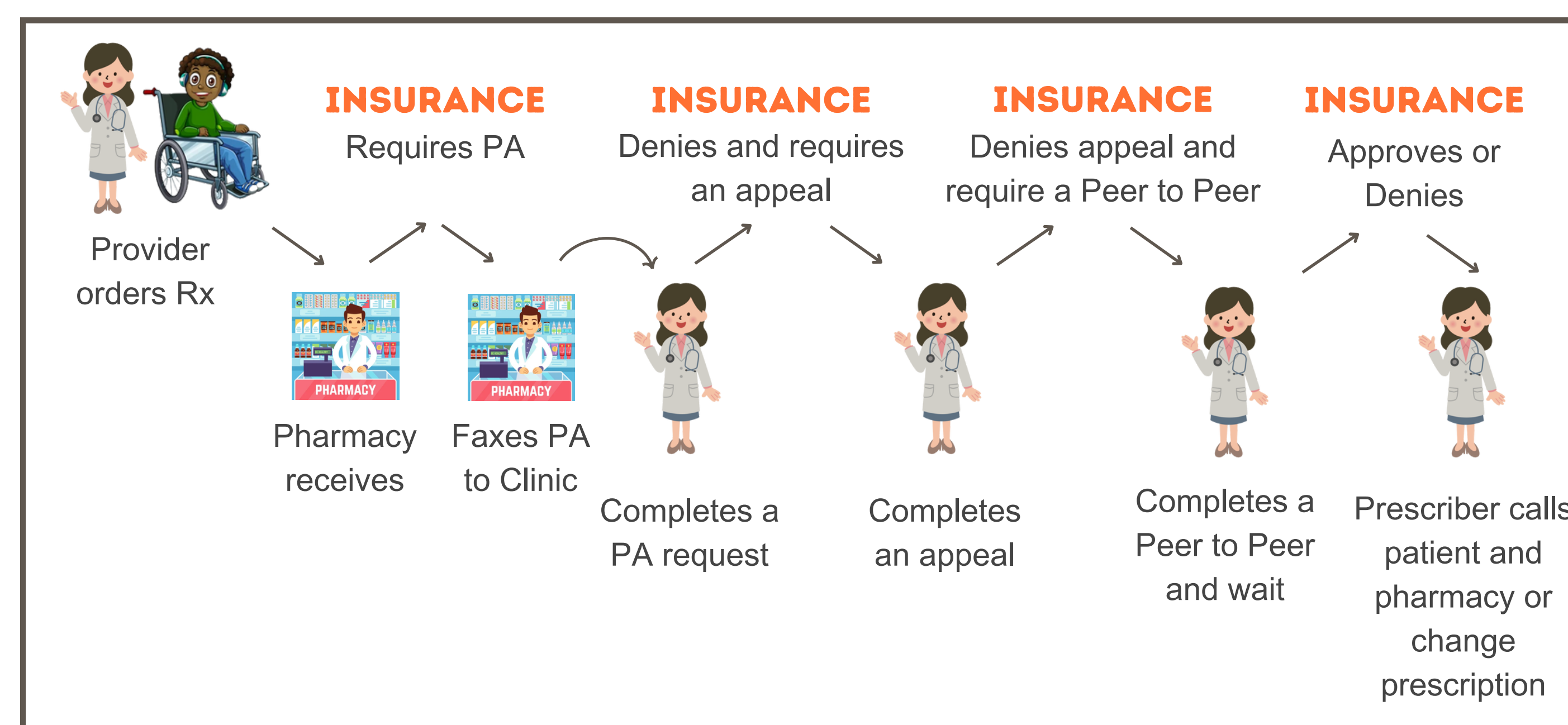
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Purpose

The aim of this quality improvement initiative was to evaluate and enhance the workflow for drug prior authorization within the outpatient setting. The primary goal was to enhance both nursing efficiency and patient safety and satisfaction.

Background

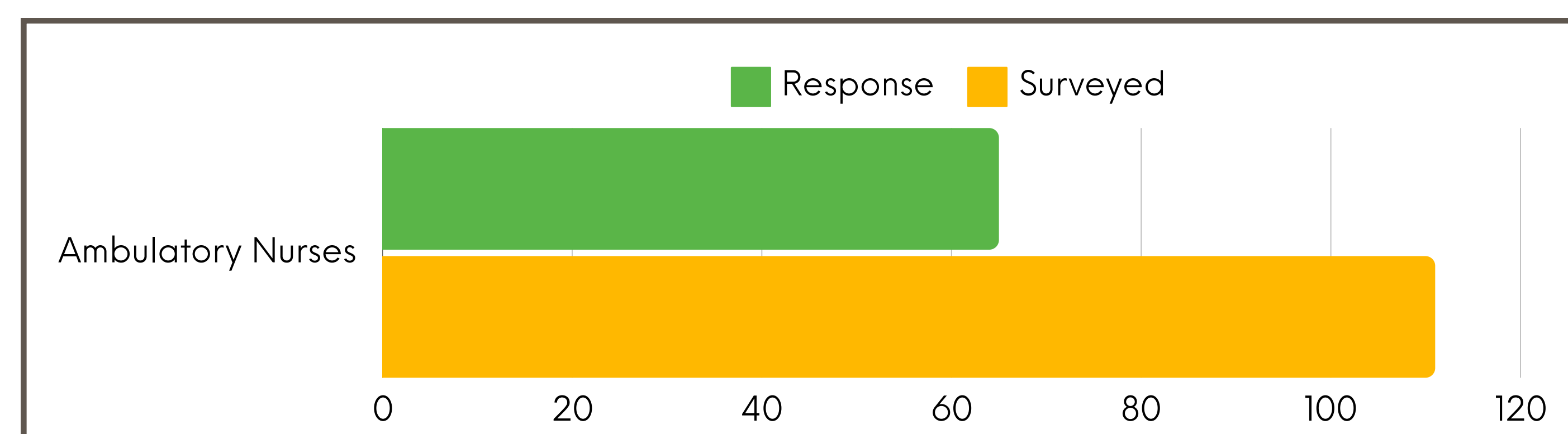
A prior authorization is an approval of coverage from a patient's insurance company. It's a restriction put in place to determine whether or not an insurance company will pay for certain medications or services. Insurance companies are increasing the complexity and quantity of drug prior authorizations each year. These are a huge burden on outpatient nurses and lead to significant risks to nursing and patients as well as significant costs to the organization. Creating an innovative and evidence-based workflow for outpatient drug prior authorizations is necessary to increase patient and nursing satisfaction, decrease risk to patients by swift approvals of life-saving medications, and minimize cost to the organization.



Methods

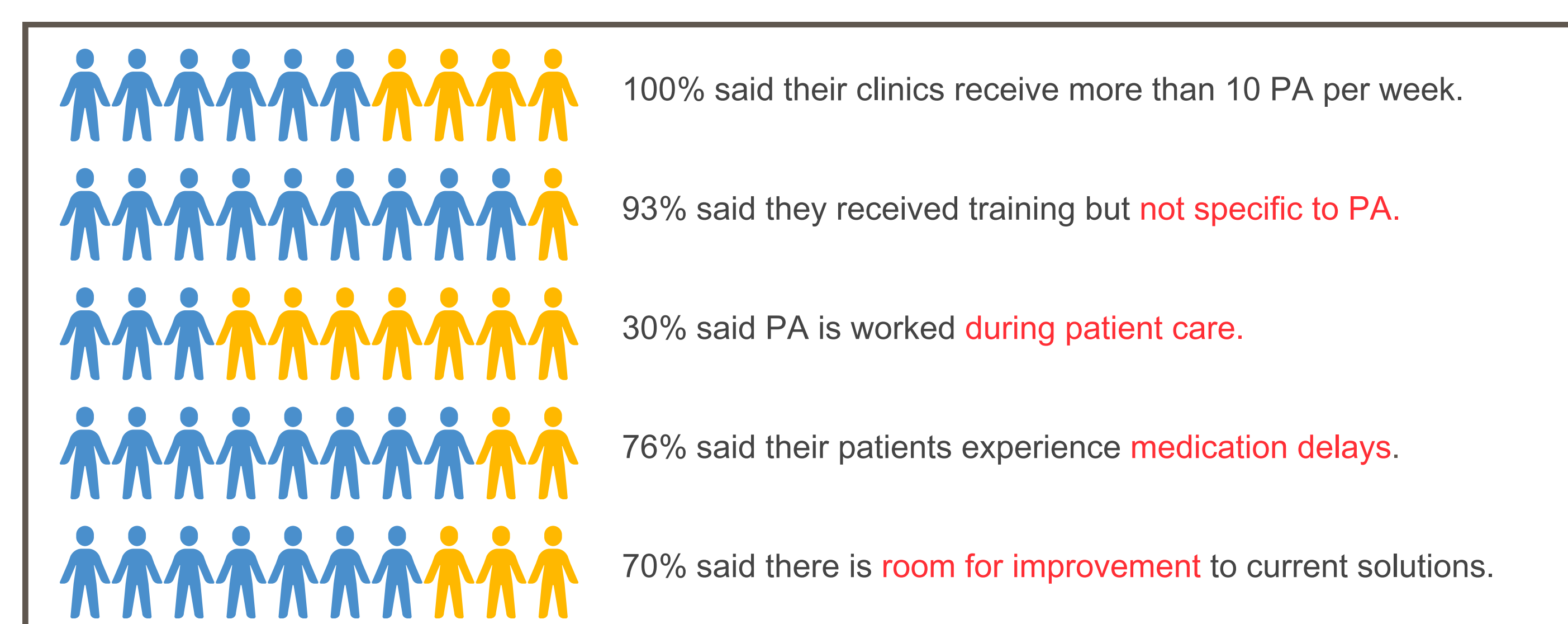
In the initial phase of our quality improvement project, we evaluated the existing prior authorization workflow across our ambulatory clinics. Conducting a comprehensive survey among 111 ambulatory nurses yielded a 59% response rate. Subsequently, we delved into literature reviews and engaged in interviews with experts from prominent healthcare institutions to explore optimized prior authorization models and potential remedies for prior authorization workflow challenges within our clinics. Our research led us to examine the centralized authorization teams at two local institutions, UC Davis and Scripps Health Care, through interviews and study of their operational frameworks.

n = 66

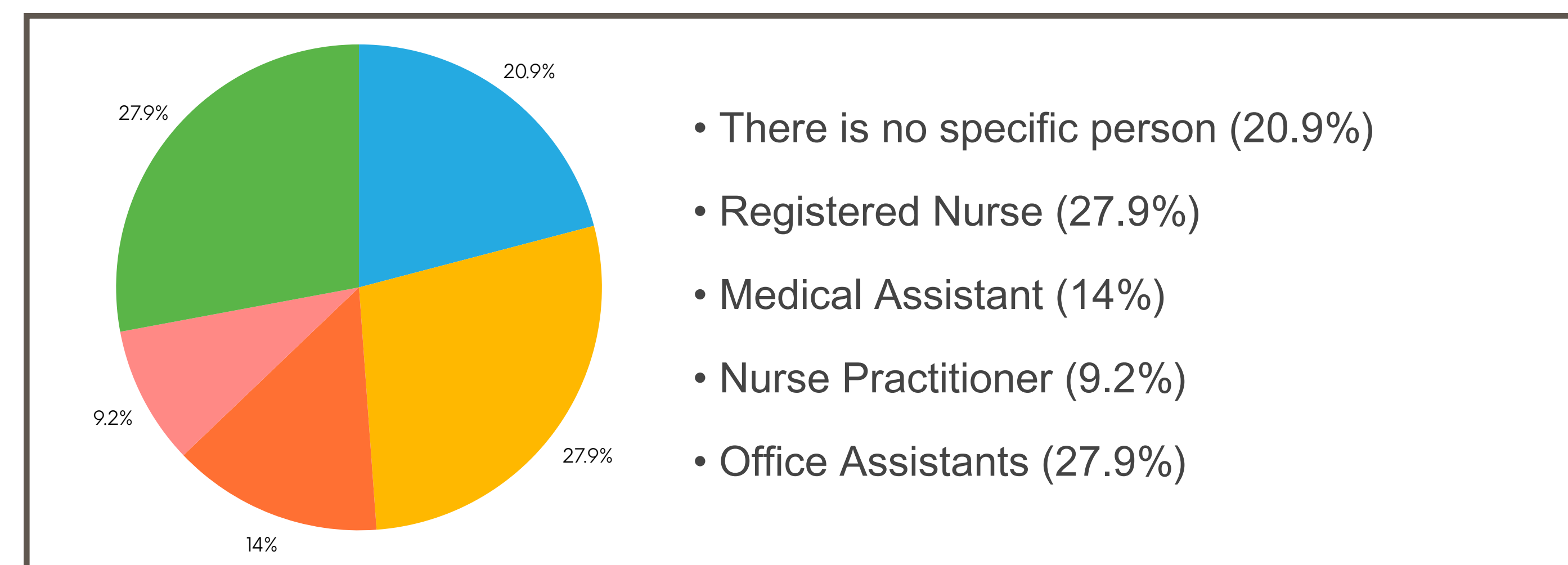


Results

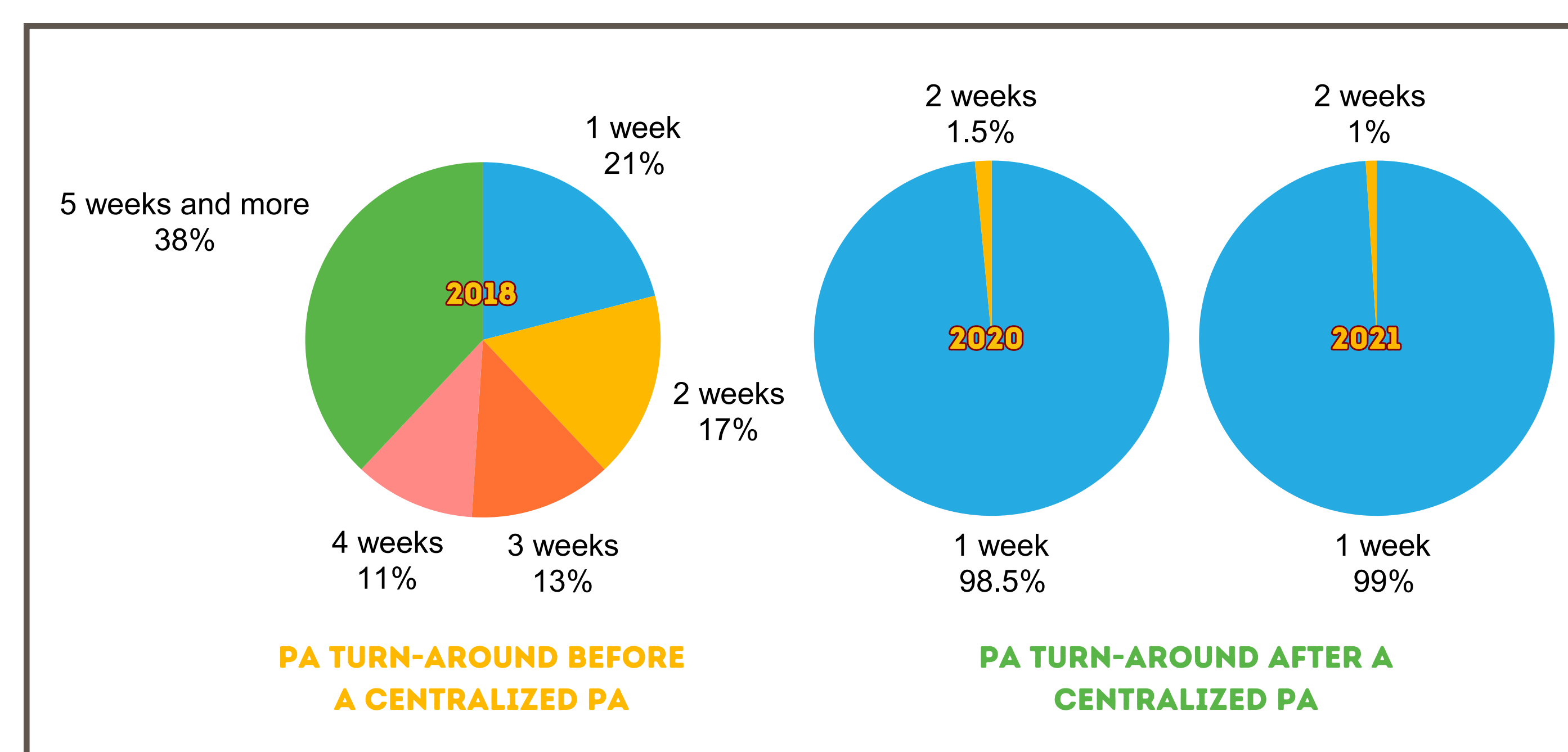
Our assessment of ambulatory nurses revealed significant variability in prior authorization workflows across clinics. Our assessment of ambulatory nurses revealed significant variability in prior authorization workflows across clinics. All surveyed nurses reported their clinics handled medication prior authorizations, with 93% indicating a lack of specific training in this area. Surprisingly, 30% reported completing prior authorizations during patient care. Moreover, 76% noted patient medication delays stemming from workflow issues and insufficient prior authorization knowledge.



Results Continued



Comparatively, centralized models observed at UC Davis and Scripps demonstrated superior outcomes, including heightened approval rates, expedited approval processes, cost savings, and enhanced satisfaction among employees and patients alike.



Implications

Implementing a centralized prior authorization model allows nurses to focus on patient care and work up to their scope, further enhancing healthcare delivery. Streamlining processes mitigates disparities, fostering a more equitable and diverse healthcare system.

Through our research, we gained approval to create a business plan for a centralized prior authorization model at Stanford Medicine Children's Health, which was subsequently presented to our hospital executives. In FY 2025, Pharmacy is now creating a workflow and Epic EHR build to run a pilot in the first half quarter with 2.5 FTE of Pharmacy technician working with 2-3 specialties.

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